



CHELAN-DOUGLAS HEALTH DISTRICT

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Mail: P.O.Box 429, Wenatchee, WA 98807-0429

TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

This application includes only those "food service establishments" that operate at a fixed location for 21 or less consecutive days in conjunction with a single event or celebration.

FOOD SERVICE NAME _____

OWNER NAME _____

(Person owning food service where person means **any** individual, partnership, corporation, association, or other legal entity)

PERSON IN CHARGE _____

DAY PHONE # _____ NIGHT PHONE # _____

MAILING ADDRESS _____ CITY _____ STATE ____ ZIP _____

DATES OF EVENT _____ NAME OF EVENT _____

LOCATION OF EVENT _____ CITY _____

HOURS OF OPERATION _____

**MENU: THE MENU FOR YOUR ESTABLISHMENT OR LIST OF FOODS SERVED
MUST BE ATTACHED TO THIS APPLICATION**

Fee classes, application, and penalty fees.

<i>Event operating 1 to 3 consecutive days (T1)</i>	<i>\$15.00</i>
<i>Event operating 4 to 7 consecutive days (T4)</i>	<i>\$60.00</i>
<i>Event operating 8 to 21 consecutive days (T8)</i>	<i>\$120.00</i>

A \$30.00 penalty fee is charged for late applications.

Make checks payable to the Chelan Douglas Health District.

The application must be received by the Health District a minimum of two (2) full work* days prior to the scheduled event day(s). Postmark dates on applications are not acceptable. For example, an application must be received on or before Wednesday for an event scheduled on the following Saturday or Sunday.

Please submit your application as early as possible.

* A "work day" is a day that Chelan-Douglas Health District is open for routine business. Usually Monday through Friday 8 a.m. to 5 p.m. and Tuesdays until 7 p.m. Closed some holidays.

ALL INFORMATION REQUESTED MUST BE COMPLETE. Mark "N/A" if not applicable.

1. SOURCE OF WATER (name of system) _____ SIZE OF WATER TANK _____
2. WHERE IS THE WATER HOLDING TANK FILLED? (address) _____
3. SIZE OF WASTE WATER HOLDING TANK _____ WHERE IS IT EMPTIED? _____
4. WILL YOU BE HEATING FOODS? _____ HOW? _____
5. DO YOU HAVE A BBQ OR GRILL? _____ HOW IS IT SEPARATED FROM THE PUBLIC? _____
6. WILL YOU BE HOT HOLDING FOODS? _____ HOW? _____
7. WILL YOU BE COLD HOLDING FOODS? _____ HOW? _____
8. DO YOU HAVE A THERMOMETER TO TAKE TEMPERATURES OF THE FOOD? _____
9. WHAT FOODS DO YOU COOL & REHEAT? _____ WHERE? _____
10. WILL YOU BE RINSING/SOAKING ANY FOODS? _____ IS THERE A SEPARATE SINK FOR THIS? _____
11. DESCRIBE YOUR HAND WASH FACILITIES _____
12. DESCRIBE YOUR DISH WASH FACILITIES _____
13. HOW IS HOT WATER SUPPLIED FOR DISH AND HAND WASHING? _____
14. WHAT FOODS ARE PREPARED PRIOR TO THE DAY THEY ARE SERVED? _____
15. WHAT FOODS ARE STORED AND/OR PREPARED AT A DIFFERENT LOCATION? _____
16. WHERE ARE FOODS STORED AND/OR PREPARED AT A DIFFERENT LOCATION? _____
17. WHAT RESTROOM FACILITIES ARE AVAILABLE FOR EMPLOYEES? _____
18. HOW AND WHERE WILL YOU AND YOUR CUSTOMERS DISPOSE OF GARBAGE? _____
19. DID YOU REMEMBER TO ATTACH THE MENU OR LIST OF FOODS? _____

If and of this information changes, the owner/person in charge must notify the Health District at once. The permit is only valid for the menu, preparation steps, dates, hours and sites described above and approved by this office.

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In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a temporary food service establishment. I understand that:

1. It is a violation of state law to operate without a permit.
2. Reinspection fees will be charged when more than 15 red points are found or 15 or more repeated red points are found in any one inspection.
3. Permits are valid only for:
 - (a) The owner, menu, preparation steps, dates, hours, and sites described above and approved by the Health District.
 - (b) Activities meeting requirements of WAC 246-215 - Rules and Regulations of the State Board of Health for Food Service and the Chelan-Douglas Sanitary Code. (WAC 246-215-190-is attached)

Signed _____ Date _____

(This name must be the same as the owner/person in charge name given above.)